

**RETURN**

AO 440 (Rev. 06/12) Summons in a Civil Action

**UNITED STATES DISTRICT COURT**

for the

**Southern District of Mississippi**

BIG TIME VAPES, INC., et al.

*Plaintiff(s)*

v.

FOOD AND DRUG ADMINISTRATION, et al.

*Defendant(s)*

Civil Action No. 1:19-cv-531-HSO-JCG

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* Food and Drug Administration  
 10903 New Hampshire Avenue  
 Silver Spring, MD 20903

Also serve:  
 U.S. Attorney  
 Southern District of Mississippi  
 1575 20th Avenue, 2d Floor  
 Gulfport, MS 39501

U.S. Attorney General  
 U.S. Dep't of Justice  
 950 Pennsylvania Ave NW  
 Washington, DC 20530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Spencer M. Ritchie  
 Forman, Watkins & Krutz LLP  
 210 E. Capitol St., Suite 2200 (39201)  
 Jackson, MS 39225-2608  
 Tel.: (601) 960-8600

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



ARTHUR JOHNSTON  
 CLERK OF COURT

Date: 8/27/19

Signature of Clerk or Deputy Clerk

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Civil Action No. 1:19-cv-531-HSO-JCG

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
 was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: Certified Mail Receipt

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>   |  |
| <p>1. Article Addressed to:</p> <p>Food and Drug Administration<br/>10903 New Hampshire Avenue<br/>Silver Spring, MD 20903</p>  |  | <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Valene Nelson</i> 9/14/19</p>   |  |
| <p>2. Article Number (Transfer from service label)</p> <p>7014 3490 0000 6855 8446</p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>  |  |
| <p>9590 9402 4843 9032 0975 17</p>  |  | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>   |  | <p>Domestic Return Receipt</p>   |  |

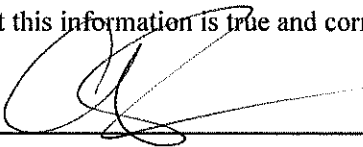


with the Summons, Verified Complaint, Civil Cover Sheet and Corporate Disclosures of Big Time Vapes, Inc. and United States Vaping Association, Inc.

Further, on 9-16-19, I received return receipt noting 9-11-19 as date of delivery.

I declare under penalty of perjury that this information is true and correct.

9-16-19  
Executed on

  
By:





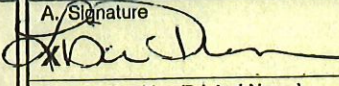
39501 with the Summons, Verified Complaint, Civil Cover Sheet and Corporate Disclosures of Big Time Vapes, Inc. and United States Vaping Association, Inc.

Further, on 9-9-19, I received return receipt noting 9-6-19 as date of delivery.

I declare under penalty of perjury that this information is true and correct.

9-10-19  
Executed on

  
By:

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>   |  | <p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p>   |  |
| <p>1. Article Addressed to:</p> <p>U.S. Attorney<br/>Southern District of Mississippi<br/>1575 20<sup>th</sup> Avenue, 2d Floor<br/>Gulfport, MS 39501</p>   |  | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery<br/>9/6</p>  |  |
| <p>2. Article Number (Transfer from service label)</p> <p>7007 2560 0000 9466 9797</p>   |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>   |  |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input checked="" type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery<br/><input type="checkbox"/> Insured Mail<br/><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |  | <p><input type="checkbox"/> Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™<br/><input type="checkbox"/> Registered Mail Restricted Delivery<br/><input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Signature Confirmation™<br/><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>  |  | <p>Domestic Return Receipt</p>   |  |